

# Anatomy of Corruption: WHO Public Health Guidelines

January 30, 2020

The World Health Organization provides public health recommendations about the use of pharmacologic drugs and vaccines and provides guidelines and assistance in public health emergencies. When it was founded in 1948, the WHO relied on funding from its member states; their contributions were assessed based on their national income and population. The funds were not earmarked for any particular policy. In those days, the WHO was an independent organization. But over time, the WHO leadership traded its independence and with it, its integrity, for big money.

In 1988, Halfdan Mahler, Director General of the WHO from 1973 to 1988, warned the world against the power wielded by the pharmaceutical industry over the WHO. He stated, in the Danish daily newspaper (Politiken): “*this industry is taking over WHO*”. Unfortunately, no one at that time believed him.<sup>[1]</sup> The take-over intensified; with Big Pharma dictating global public health policies that the WHO initiates and promotes. Those policies have vastly enriched Big Pharma, and the WHO has been generously rewarded for its service.



Margaret Chan, Director-General World Health Organization (WHO) 2007 – 2017

Currently, 80% of the WHO budget relies on earmarked donations; primarily from the U.S. government, the Bill and Melinda Gates Foundation, and Big Pharma. The WHO revenue in 2016-2017 was \$5, 139 Billion, of which only \$927 million came from assessed contributions by member states; these “core” funds cover the WHO’s general expenses. By contrast, \$4,422 Billion were provided by major donors; and these funds are earmarked for activities that serve the donor’s financial interests. These major donors dictate and control the WHO policies, ensuring that WHO policies further their interests. <sup>[2]</sup>

The WHO, it should be noted, is not accountable to public scrutiny – as non-profits are. The internal documents of the WHO are not available under Freedom of Information, and most of the WHO’s financial contracts are secret. In essence, the WHO became a vassal of, and the

global marketing agent for Big Pharma and its aggressive drug and vaccine market expansion agenda. Time and again, the WHO has demonstrated its allegiance to its financial backers; adopting that have vastly enriched Pharma – even as the widespread, use – and misuse – of multi-drug cocktails and multi-virus vaccines – have caused epidemic number of serious adverse side-effects, hospitalizations, chronic illnesses, and deaths. <sup>[3]</sup>

During Margaret Chan’s tenure, Bill Gates has had a disproportionate influence over the WHO; his foundation has contributed more than \$2.4 billion, while member countries have grown reluctant to put their money into the agency, especially after the 2008 global financial crisis. Bill Gates has been labeled by some as “*the world’s most powerful doctor*”.

In 2017, *Politico* examined Bill Gates’ influence over the WHO, and the foundation’s influence is setting global public health priorities that may not be in the best interest of those affected.

*“Over the past decade, the world’s richest man has become the World Health Organization’s second biggest donor, second only to the United States and just above the United Kingdom. This largesse gives him outsized influence over its agenda, one that could grow as the U.S. and the U.K. threaten to cut funding if the agency doesn’t make a better investment case. The size of his contributions have brought him an outsized influence on the WHO’s agenda. He is treated like a head of state.*



Bill Gates & Margaret Chan at WHO press conference.

*Gates’ priorities have become the WHO’s. Rather than focusing on strengthening health care in poor countries – that would help to contain future outbreaks like the Ebola epidemic – the agency spends a disproportionate amount of its resources on projects with the measurable outcomes Gates prefers.. [concerns have been raised] that the foundation was distorting research priorities. ‘The term often used was ‘monopolistic philanthropy’.*

*Concerns about the software billionaire’s sway – roughly a quarter of WHO’s budget goes toward polio eradication...the foundation’s focus on delivering vaccines and medicines, rather than on building resilient health systems, has drawn criticism. And some NGOs worry it may be too close to industry. his sway has NGOs and academics worried.*

*Some health advocates fear that because the Gates Foundation’s money comes from investments in big business, it could serve as a Trojan horse for corporate interests to undermine WHO’s role in setting standards and shaping health policies.*

*The foundation’s focus on delivering vaccines and medicines, rather than on building resilient health systems, has drawn criticism. And some NGOs worry it may be too close to industry. In January, **30 health advocacy groups** penned an open letter to WHO’s executive board protesting against making the Gates Foundation an official partner of the agency because its revenue comes from investments in companies that are at odds with public health goals, such as Coca-Cola.”*

**A historical perspective is always revealing:** whereas the WHO mission and propaganda proclaim that its “*overarching objective is to ensure healthy lives and to promote well-being for all at all ages*”, the WHO has consistently issued public health recommendations that served Big Pharma’s interest, but caused severe harm to hundreds of thousands of people. The following are but a few examples of the betrayal of the WHO mission of improving the public health.

WHO officials are not scientists; the scientists who work with WHO officials have been allocated to the WHO by its donors. These scientists render decisions that benefit donor industries. The major beneficiary is the pharmaceutical industry; but other beneficiaries include the tobacco industry, the nuclear energy industry, and the agriculture genetic modification (GMO) industry.

The focus of this post is the complicity of the WHO in covering up – and/or precipitating – disastrous public health consequences including cancer, birth defects, and a host of chronic neurological illnesses; illnesses and deaths caused by the atomic energy industry and the pharmaceutical industry. Most of the focus is during the period when Dr. Margaret Chan was the Director General of the WHO from 2006-2017.

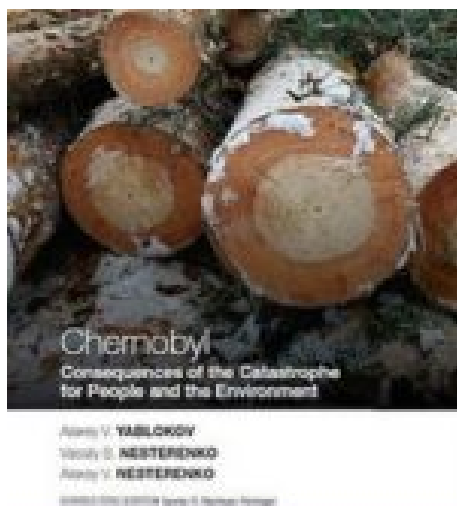
- WHO downplayed the catastrophic health consequences following Chernobyl nuclear explosion
- WHO declared fake H1N1 “Swine Flu” pandemic
- WHO collaboration with Purdue to expand opioid use & global addiction
- WHO failure to take action the Ebola outbreak in 2013
- WHO officials’ astronomical travel expenditures exposed in 2017

## WHO downplayed evidence of catastrophic consequences following the 1986 Chernobyl nuclear power plant explosion.



In 2003, the United Nations launched an inter-agency Chernobyl Forum, comprised of the European Commission, the International Atomic Energy Agency (IAEA), UN Development Programme, the World Bank and the governments of the three most affected countries.

- The report, issued by the WHO in 2005, downplayed the dangers of radiation. The authors claimed that the 1986 Chernobyl nuclear power plant explosion resulted in fewer than 50 deaths, while conceding that there could possibly be 4,000 deaths attributable to the Chernobyl accident. The report by the WHO-IAEA contradicted the accumulating evidence of expansive, widespread contamination, and disregarded the harm suffered by populations exposed to ionizing radiation, covering large swaths of Europe.
- The empirical evidence refuted the WHO-IAEA report. Evidence such as the fact that more than 36,000 widows of men who died as a result of Chernobyl receive death benefits from the Ukrainian government.
- Ian Fairlie, a radiation biologist who co-authored **The Other Report on Chernobyl** (TORCH, 2006)<sup>[4]</sup> explained that the WHO and the IAEA work closely with the Nuclear industry: “*the WHO and IAEA control the science and dictate the agenda at very senior levels. And they predetermine what line they would take.*” Dr. Fairlie estimated that 600,000,000 of the European population was exposed to radiation.
- In 2009, the Annals New York Academy of Sciences published a translation of a book by Russian scientists in Vol. 1181 of its Annals.



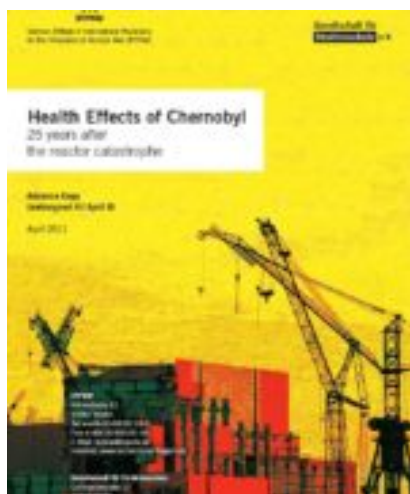
### ***Chernobyl: Consequences of the Catastrophe for People and the Environment.***

The lead author, Alexey V. Yablokov, a biologist was a member of the Russian Academy of Science. The Russian scientists estimated that, based on the available medical data by 2004, the death toll worldwide as a result of the Chernobyl disaster, was 985,000. The populations most exposed include: 830,000 Clean-up workers (liquidators); 350,400 Evacuees from the 30 km zone; and 8,300,000 people in the heavily irradiated zones in Russia, Belarus and Ukraine. The authors based their analysis on 1,000 published titles and over 5,000 internet and printed publications, primarily in Slavic languages. Stakeholders invested in the atomic energy industry attacked the NY Academy for publishing a book that they characterized as: “*spreading fear, uncertainty and doubt about the use of nuclear energy.*” The WHO went so far as to issue a false claim that the NY Academy had repudiated the book and had withdrawn it. The Academy did no such thing; the book stands.

- In 2011, the German Affiliate of International Physicians for the Prevention of Nuclear War (IPPNW), issued **Health Effects of Chernobyl: 25 Years After the Reactor Catastrophe.**

This report notes that: “*Disease/health damage is to be expected as a result of additional exposure to radiation because of Chernobyl. Thus, it should be noted that the latency period for many types of cancer is 25 – 30 years. At present we are only just seeing cases of thyroid cancers, breast cancers and brain tumours in the exposed population. But liquidators have also*





*developed cancer in numerous other organs: the prostate gland, stomach, cancer of the blood, thyroid cancer. Genetic changes: malformations, stillbirths, the lack of children, and non-cancerous diseases. Many organ systems could be affected; brain disorders; accelerated aging process; psychological disorders.”*

- In 2015, the *International Journal of Health Services* published an article by Dr. Alison Rosamund Katz summarizing the coordinated IAEA-WHO cover-up:[5]

*“Six decades of a high-level, institutional, and internationally coordinated cover-up have deprived the world’s people of critically important medical and scientific information about the health consequences of nuclear activities, industrial, and military.*

*Following decades of an internationally coordinated cover-up, critical information about the health consequences of the Chernobyl accident, worldwide but particularly in Western and Eastern Europe, was made available through Volume 1181 of the Annals of the New York Academy of Sciences. The book also contains unique, valuable data from the 3 most affected counties, and it suggests that consequences of the Chernobyl accident are far more serious than has been acknowledged. Many health problems are worsening, including those resulting from irreversible genetic damage. Given the threat that such information represents to the nuclear establishment, it was predictable that Volume 1181, of far higher scientific quality than the United Nations’ flagship report The Chernobyl Forum, would meet with violent criticism.*

*Since its publication in 2009, it has been misrepresented and discredited by the nuclear establishment and international health establishment – to the extent of making the absurd and false claim that the New York Academy of Sciences has in some way disowned its own publication. The New York Academy of Sciences defends publication of Volume 1181 on the grounds of its commitment to open discussion of scientific material and publication of material of scientific value.”*

- In 2019, the BBC report **The True Toll of the Chernobyl Disaster**, based on the findings of Dr. Viktor Sushko, Deputy Director General of the National Research Centre for Radiation Medicine in Kiev, Ukraine, confirmed that: *“the Chernobyl disaster is the largest anthropogenic disaster in the history of humankind.”*

In 2018, a German documentary by Lilian Franck, **TrustWHO** revealed how the WHO’s financial dependence for its stream of funding has ensured that its policies and activities do not interfere with the business of powerful industrial countries and multi-national corporations that provide the major portion of the WHO’s funds.

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## In 2009, WHO Director General, Dr. Chan declared the flu (H1N1 “Swine Flu”) “a pandemic”

- She declared a pandemic in the absence of any evidence of a severe, life-threatening, rapidly spreading illness. Nevertheless, she declared a preposterous estimate that 2 billion people would be infected and millions would die.
- Wolfgang Wodarg, former delegate to the European Council describes how vaccine manufacturers had launched new production programs to produce vaccines for a flu pandemic for governments to purchase and stockpile. However, their global marketing plan could only be implemented without a declared pandemic by the WHO.



- A meeting by WHO officials and the European Scientific Working group on Influenza (ESWI) provided the “scientific” mantle for calling to action preparedness against a non-existent influenza pandemic. The ESWI is composed of scientists who are financed by vaccine manufacturers – Hoffmann-LaRoche, AstraZeneca, GlaxoSmithKline, Sanofi Pasteur, Genentech, Janssen, subsidiary of Johnson & Johnson, and Novarax.
- Margaret Chan obliged by changing the WHO criteria for a pandemic; “severity of illness” and the rapid spread of infection to millions of people was eliminated as a criterion for declaring a pandemic. By declaring a mild flu, a “pandemic” the WHO caused an international panic that helped Pharma

ensure that governments around the world would purchase and stockpile the H1N1 flu vaccine in preparation for a fictitious flu pandemic.

## The H1N1 vaccine deal was struck behind closed doors.

Even, Dr. German Velasquez, then Special Advisor for Health and Development of Drugs for Neglected Diseases Institute, and the Director of the WHO Secretariat of the Department of Public Health, Innovation and Intellectual Property at the Director General Office, was denied entry to the private meeting between WHO officials and Pharma representatives who worked out the deal. Her estimate that billions of people would be infected, fomented a global hysteria.

- The media sounded the alarm repeatedly; everyone was terrified about the coming catastrophe.

*“To understand the kind of pressure and stress the states and the ministries of health were put under, you need to realize that not to buy the vaccines could easily, because of the close links between the industry and the press, mean the fall of a whole government.” [2]*

- The hysteria, about a fictitious pandemic, garnered flu vaccine manufacturers \$18 billion.



Dr. German Velasquez

The hysteria, however, did not resonate with the WHO staff. Dr. Velasquez, noted that: “No one at the Who was afraid. I don’t know of anyone at the WHO who got vaccinated, including the Secretary General, Margaret Chan, who stated that she hadn’t time to get vaccinate.” [TrustWHO] In fact, there were only 331 cases of influenza in 11 countries, with 10 deaths.

- In 2010, representatives from governments all over the world, who had spent billions of dollars for unnecessary H1N1 vaccine stock piles, as well international organizations, all agreed that the WHO had caused an international panic and health disaster by declaring the mild H1N1 “Swine flu” to be a pandemic that was threatening mankind.
- The Council of Europe issued a **critical report** in which it pointed to the WHO partnership with the pharmaceutical industry as the true cause of all the trouble. [6] *Forbes* also excoriated the WHO: “The World Health Organization has suddenly gone from crying “The sky is falling!” like a cackling Chicken Little to squealing like a stuck pig. The reason: charges that the agency deliberately fomented swine flu hysteria.”

- *Even within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr. Ulrich Kiel, has essentially labeled the pandemic a hoax. “We are witnessing a gigantic misallocation of resources [\$18 billion so far] in terms of public health.” [7]*
- However, the Swine flu debacle, and the aggressive promotion of the H1N1 vaccine (Pandemrix, manufactured by GlaxoSmithKline) caused thousands of people to suffer from a wide range of serious adverse effects that were concealed from the public. [7A BMJ]
- Serious adverse effects include systemic muscle pain, Bell’s palsy, neuritis, chronic pain, paraesthesia, inflammatory bowel disease, and narcolepsy a chronic neurological disease that especially affected adolescents. However, leading medical journals refused to publish scientists’ reports of their finding serious health hazardous following vaccination
- As is the norm when safety hazards involve pharmaceutical products, nine years had passed before the public learned about the serious hazards posed by the H1N1 flu vaccine. The evidence of serious hazards including deaths, was uncovered during the discovery process of a lawsuit against GSK. [7A]
- The GSK documents reveal that the Pandemrix vaccine caused a large number of serious adverse events during clinical trials, including anaphylaxis, convulsions, and deaths.



In the documentary, **TrustWHO**, Gaudenz Silberschmidt, WHO Director for Partnerships dismissed questions about the absence of independent checks and balances to ensure that the WHO guidelines were based on credible science. He invoked the inviolability of WHO authority, and claimed that: “*it is not possible to have an external, independent review of the science that the WHO relies on, because who is to say, their review is reliable, or the review of the review is reliable?*”

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## WHO Opioid Prescribing Guidelines Promoted the Expanded Use of Opioids

## WHO Guidelines Served as Marketing Material for Purdue Pharmaceutical

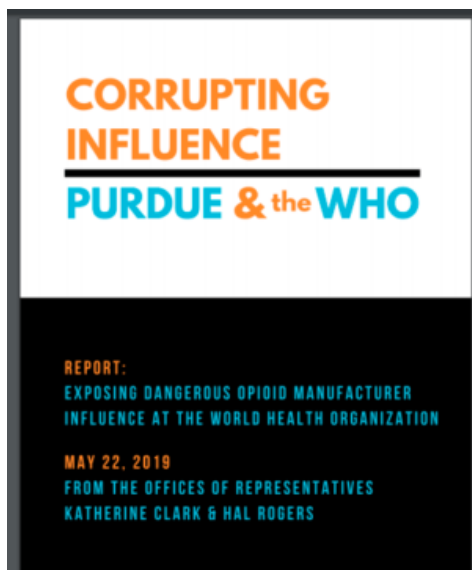
## WHO Guidelines Increased Opioid Addiction Globally & Deaths

The details of the collaboration of the WHO and opioid manufacturers were uncovered in company documents during the discovery phase of lawsuits against Purdue in the U.S. These documents reveal that when Purdue crafted their aggressive opioid marketing in the 1990s, part of Purdue’s marketing strategy was to deceive doctors about the addictive properties of OxyContin, and to keep patients on the drug for longer and longer periods.

Purdue’s marketing of OxyContin followed Big Pharma’s *modus operandi* – as describe by Dr. Sergio Sismondo in his book, *Ghost-Managed Medicine* (2018). A U.S. **Senate report – Fueling an Epidemic**, [8] documented the millions of dollars that Purdue and the other opioid manufacturers – Janssen (Johnson & Johnson), Mylan, Depomed, and Insys – paid to 14 patient advocacy organizations and professional societies between 2012 and 2017; thereby securing their support. [9]

The **Senate report** documents how the pharmaceutical industry transformed physician and patient organizations into front groups that promoted its opioid products – regardless of the extreme harm they caused. These “advocates” enabled Purdue to market its misinformation subversively; encouraging physicians to overcome “opiophobia” – i.e., hesitancy or reluctance to use opioids. These “advocates” promoted policies favorable to unrestricted opioid use, and criticized government prescribing guidelines. They have often supported opioid industry interests at the expense of their own constituencies. The report documents how these ostensibly neutral advocacy organizations opposed efforts to minimize the risk of opioid addiction.

*“at the very least, [the evidence suggests] a direct link between corporate donations and the advancement of opioids friendly messaging. By aligning medical culture with industry goals in this way, many of the groups described in this report may have played a significant role in creating the necessary conditions for the U.S. opioids epidemic.”*



The recent U.S. **Congressional Report—**

**Corrupting Influence: Purdue & WHO**(2019)[10] lays bare the pivotal, aggressive, and long-term role played by the WHO, to influence physicians beyond the U.S. to expand their opioid prescribing. The WHO was recruited quite early to provide credibility to recommendations that expanded the use of opioids.

In 2000, the WHO issued an opioid guideline,

### *Achieving Balance in National Opioid Control Policy: Guidelines for Assessment.*

According to the Congressional Report, the WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin Pain & Policy Studies Group revealed that from 1999 to 2010, it had accepted over \$1.6 million from Purdue. The WHO began to seek input on the formulation of its guidelines in 2007 and 2008, when it sought the input of organizations known to have financial relationships with the opioid industry, ensuring a pro-opioid industry bias to its report. Foremost among these industry-funded organizations is the International Association for the Study of Pain (IASP), which has chapters such as the European Federation of IASP and the Latin American Federation of ISP. IASP funded the WHO guidelines.

The WHO collected industry-supported opioid information feedback which was incorporated into its updated opioid guidelines. The WHO collected the information in the form of a Delphi Study whose methodology relied on reaching a consensus among participants. In other words, the WHO was formulating a uniform pro-opioid propaganda narrative that promoted the expanded use for opioids, hence an expanded market for Purdue, its international arm Mundipharma, and Endo Pharmaceuticals. This guideline was the basis for the later WHO document, *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines* (2011).

As Congresswoman Katherine Clark, a co-author of the report, noted:



Cong. Katherine Clark

*“The web of influence we uncovered paints a picture of a public health organization that has been manipulated by the opioid industry. The WHO appears to be lending the opioid industry its voice and credibility, and as a result, a trusted public health organization is trafficking dangerous misinformation that could lead to a global opioid epidemic. [The company’s] exponential increase in opioid sales and profits documented that their marketing strategies worked. Trusted public health organizations convinced doctors that opioids were safe and effective.”*

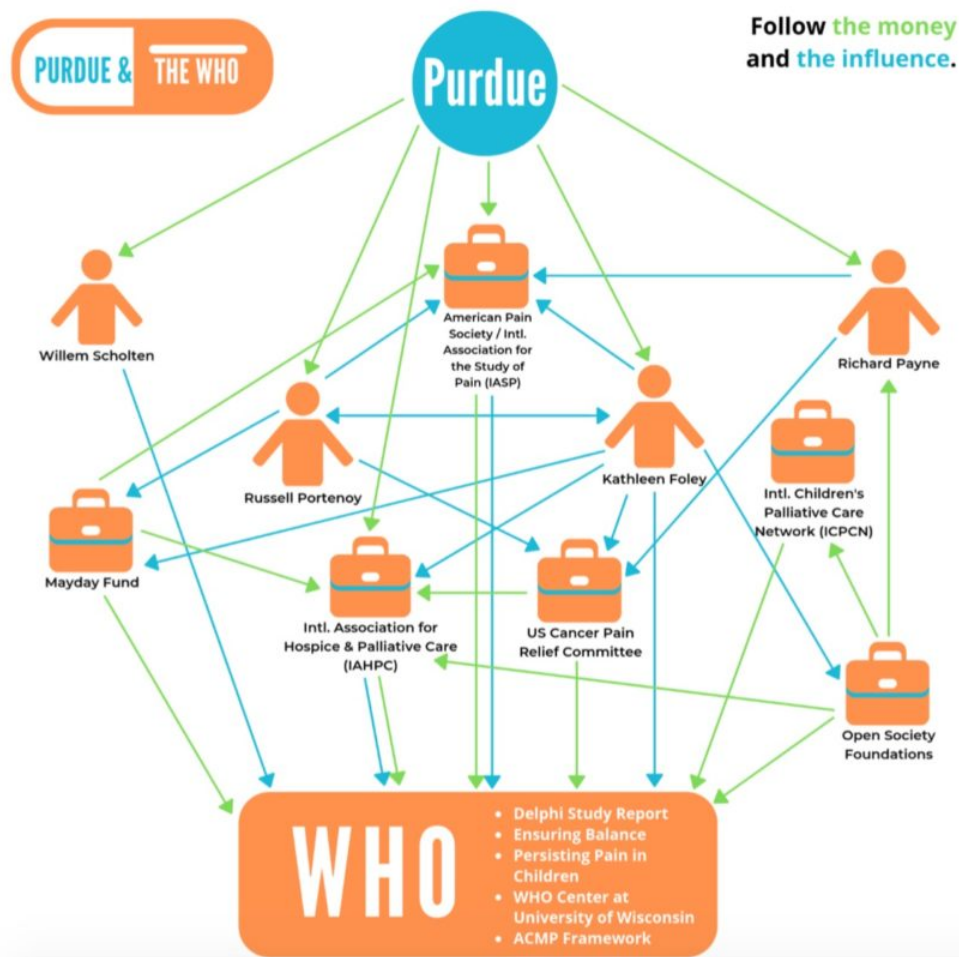
These collaborating interconnected front groups helped to make OxyContin the profitable blockbuster drug that has addicted millions, ravaged communities and killed tens of thousands of people. The Congressional report shows that the WHO was a central player who worked in concert to promote higher opioid prescribing rates.



The American Pain Society and its global arm, International Association for the Study of Pain (IASP); International Children's Palliative Care Network; the Mayday Fund; International Association for Hospice & Palliative Care; U.S. Cancer Pain Relief Committee, Open Society Foundations; Willem Scholten, of the International Drug Policy Consortium; **Richard Payne** of Duke University, who chairs the Center for Practical Bioethics, has numerous financial ties to drug companies,<sup>[11]</sup> and former president of the American Pain Society; **Russell Portenoy**, MD, Chief Medical Officer & Director of the Metropolitan Jewish Health System (MJHS), the largest in the NY region; Hospice and Palliative Care in New York; **Kathleen Foley, MD**, neurologist at Memorial Sloan Kettering Cancer Center.

The Congressional report notes: *“We know that one key to Purdue’s (and the entire opioid industry’s) success in the United States was their strategy of funding organizations, people, and research that promoted the company’s marketing goals. We have discovered that many of these same actors are directly affiliated with the work of the WHO.”*

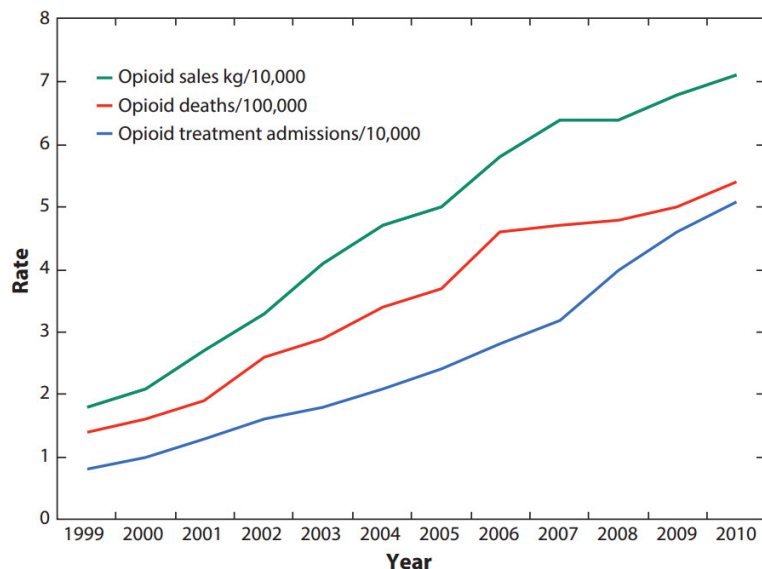
**FIGURE 2: INFLUENTIAL ORGANIZATIONS AND PEOPLE WITH TIES TO THE OPIOID INDUSTRY**



- In 2011, the WHO published its revised opioid guideline: *Ensuring Balance in National Policies on Controlled Substances*. The WHO promoted Purdue’s false claim that dependence occurs in less than one percent of patients. The WHO disregarded the evidence of the serious public health hazard of OxyContin and opioid addiction, and promoted Purdue’s ruthless three-pronged marketing strategy. That strategy, laid out in company documents, eliminated step two from its earlier guideline which had recommended to keep the opioid dose low by combining opioids with non-opioid drugs like Tylenol.
- The WHO assured physicians that: *“Opioid analgesics, if prescribed in accordance with established dosage regimens, are known to be safe and there is no need to fear accidental death or dependence.”*



- This was an outright deception contradicted by the overwhelming evidence. As the Congressional report notes:
- “a review of the WHO guidelines makes it clear that the ‘problem’ the WHO seems to be addressing is not how to limit the use of these highly addictive drugs, but rather how to eliminate barriers to their use.”



## Overcoming policy and legislative barriers

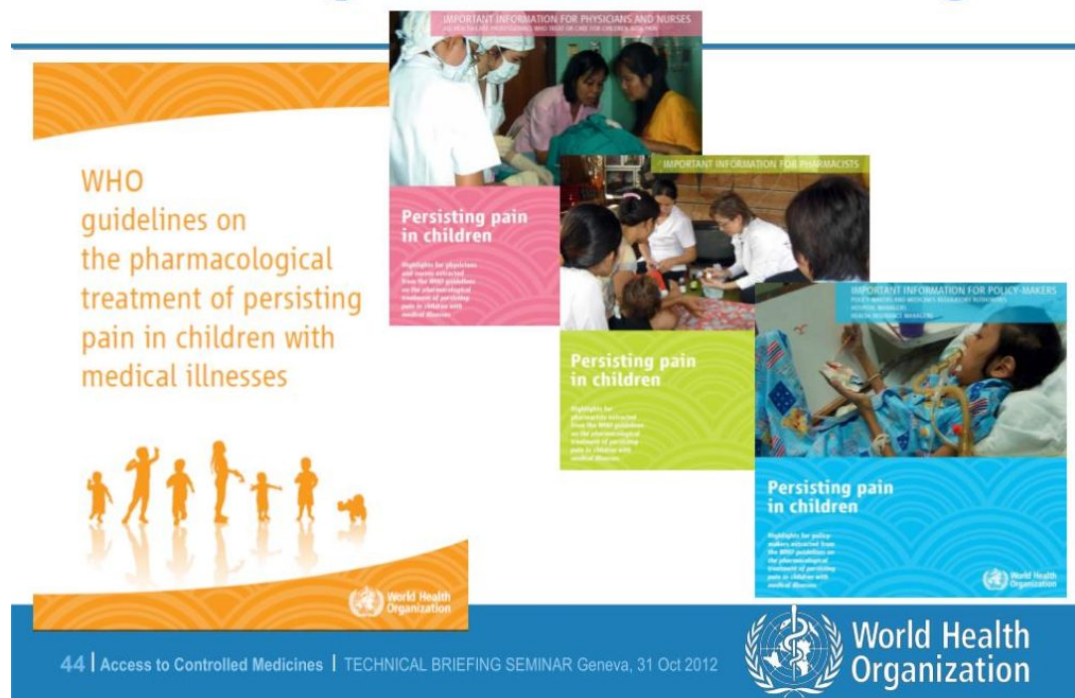
National situation assessment using the new WHO policy guidelines  
*Ensuring balance in national policies on controlled substances, Guidance for availability and accessibility of controlled medicines*  
 Translations in 15 languages  
 Include checklist and CD-ROM

Update of: *Achieving Balance in National Opioids Control Policy, guidelines for assessment (2000)*  
 - currently withdrawn

- By the time WHO crafted the new opioid guideline, opioid deaths and emergency treatment for overdosing had skyrocketed: the devastation was in plain sight. Nevertheless, the new WHO guideline recommendations followed Purdue’s opioid prescribing guidelines. The Congressional Report— **Corrupting Influence: Purdue & WHO**— notes:
- “When viewed through the lens of the opioid crisis in the United States, [the WHO guideline] *Ensuring Balance’s* recommendations are shocking”.
- “The WHO appears to conclude that prescription opioids are safe and effective; that countries should avoid policies that limit or discourage their use; and that no restrictions should be placed on their strength or length of use.
- In 2012, the WHO followed up with an even more shocking, medically irresponsible, promotional opioid guideline for physicians: *Pharmacological Treatment of Persisting Pain in Children with Medical Illnesses*. In this revision of its previous Guideline — that had focused on children with cancer — the WHO adopted Purdue’s marketing term “opiophobia” to disparage physician’s reluctance to use opioids because of their addictive nature, calling it an “unreasonable fear”. The WHO assured doctors that opioids were perfectly safe for children, and that “there is no specific or maximum dose of opioids.”

*“Rather than acknowledge the highly addictive nature of opioids, the WHO insinuates that providers and families are simply ignorant of the benefits of opioid medicines. Persisting Pain in Children contains some eerily similar recommendations to Purdue’s own materials. For instance: **The claim that there is no maximum dose of opioids is a central piece of Purdue’s marketing strategy.**”*

## Persisting Pain in Children Package



The report, *Corrupting Influence: Purdue & WHO* notes that when the WHO issued the Children’s opioid guideline, *“the medical community already recognized that higher doses of opioids are not more effective in relieving chronic pain, and that higher doses of opioids significantly raise the risks of overdose and death.”*

Indeed, the deceptive assurances by the WHO to physicians were made despite the fact that US public health agencies had determined that fatal overdoses in adults had skyrocketed when they were prescribed more than 90 morphine milligram per day. The WHO acknowledges that every recommendation is based on “low” or “very low” quality of evidence. Yet, despite the low quality of evidence, the WHO emphasizes that **all** of the recommendations in the Children’s Guidelines are intended to be followed “unequivocally” and that clinicians must adhere to these recommendations. As the authors of

*Corrupting Influence: Purdue & WHO* state:

*“In other words, the WHO is unambiguously recommending that highly addictive opioids should be available to children even though they openly recognize that there is little evidence to support that recommendation, and that any further research on the topic would ‘likely’ change the suggested course of action. Finally, in the ultimate act of deference to Purdue’s marketing strategy, Persisting Pain in Children makes a dramatic change to the WHO’s three-step analgesic ladder for the treatment of pain. It replaces the three-step model with a two-step approach by completely eliminating the recommendation to use weaker combination opioids — the drugs Purdue identified as their primary competition. The WHO recommends moving a child from non-opioids such as NSAIDs and Tylenol straight to strong opioids with no intermediary step. Purdue could not have hoped for a better outcome.”*

The global expansion of the catastrophic opioid crisis can be laid at the door of the WHO; its leadership delivered to Purdue the highest return for Purdue's financial support.

- **When viewed through the lens of the opioid crisis in the United States, the WHO recommendations in Persisting Pain in Children are shocking.**

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## Ebola outbreak in West Africa reached crisis proportions in 2014

An Ebola outbreak in 2013, reached crisis proportions before the WHO declared it to be an international public health emergency; eventually infecting 28,000 people and killing 11,000. The countries affected included, Guinea, Liberia and Sierra Leone. By failing to take action until the end of 2014, the WHO betrayed its mission and caused the death of thousands of people.

### Independent Panel on Ebola



A panel, made up of 20 experts in global health from around the world, was chaired by Prof Peter Piot, director of the **London School of Hygiene and Tropical Medicine**, who is the co-discoverer of the Ebola virus. The panel was co-sponsored by the **Harvard Global**

### Health Institute.

The panel determined that the WHO had failed to meet its responsibilities because of a lack of leadership and accountability. Prof. Piot stated: *“Major reform of national and global systems to respond to epidemics are not only feasible, but also essential so that we do not witness such depths of suffering, death and social and economic havoc in future epidemics.”*

And Ashish Jha, Professor of Medicine and the director of the Harvard Global Health Institute, said:

*“The Ebola crisis has laid bare the inadequacy of the global response. We need a thorough, careful analysis of what went wrong, and how we might do better in the future. People at WHO were aware that there was an Ebola outbreak that was getting out of control by spring... and yet it took until August to declare a public health emergency. The cost of the delay was enormous.”* **BBC**

The panel determined that *“The reputation and credibility of the WHO has suffered a particularly fierce blow.”* The panel's final report was published in *The Lancet* in 2015.<sup>[12]</sup>

The culpability of the WHO leadership is further underscored in numerous articles. For example, in *Medical History*, 2017:



*“as shown by [Secretary General of the WHO] Chan’s rapid declaration of a pandemic [Public Health Emergency of International Concern] in relation to H1N1 swine flu in 2009 and polio in 2014, senior WHO officials could have chosen to override these bureaucratic procedures. That they chose not to is testimony to the extent to which by 2014 Ebola had become an object of medical and political neglect. Unlike polio, Ebola did not threaten to undermine long-standing WHO programmes and investments in disease eradication. Nor were there vaccines and drugs ready for deployment to the Ebola zone. On the contrary, research into promising investigational Ebola products had ceased to be a priority.” [13]*

Another article, in *Philosophical Transactions of the Royal Society London B Biological Science*, 2017:

*“The WHO’s reputation has become irrefutably damaged by the Ebola outbreak, with the general consensus in the global health community that it fell short of its leadership responsibilities... the WHO’s role during the outbreak suggests that the disease outbreak demonstrates the tension that exists between the organization’s normative and operational roles in health crises. While the WHO did offer some normative leadership, it did not provide an effective operational response. This division between the normative and operational was further highlighted by the discrepancy between what the global community expects the WHO to do in a health emergency, and what it is able to do with its financial and organizational constraints.*

*None of the WHO activities provided direct patient care, strategic managerial oversight or the infection control that the outbreak response needed. It is apparent that the global community also expected an operational response from the WHO. However, as the WHO was unable to provide this on-the-ground response in West Africa.. due to a vacuum of international leadership in the operational response (which several in the international community expected the WHO to perform), the patient care, infection control and management were left to others, notably Médecins Sans Frontières (MSF), militaries and UNMEER to perform these functions. These efforts offered the global community further ammunition for their WHO criticisms.” [14]*

In 2017, *The Associated Press* obtained internal WHO documents and published an exposé about the astronomical travel expenditures by officials of the WHO. Whereas other international aid agencies, such as Doctors Without Borders, with a staff of about 37,000 aid workers, spend about \$43 million on travel a year, the WHO, with a staff of 7,000 spends more than \$200 million annually.

# WORLD HEALTH ORGANIZATION EXPENSES



AP reported that:

*“During the Ebola disaster in West Africa, WHO’s travel costs spiked to \$234 million. Although experts say on-the-ground help was critical, some question whether the agency couldn’t have shaved its costs so more funds went to **West Africa**. The three countries that bore the brunt of the outbreak couldn’t even afford basics such as protective boots, gloves and soap for endangered medical workers or body bags for the thousands who died.*



Margaret Chan visits an international market outside Paris in 2015

- *Dr. Bruce Aylward, who directed WHO's outbreak response, racked up nearly \$400,000 in travel expenses during the Ebola crisis, sometimes flying by helicopter to visit clinics instead of traveling by jeep over muddy roads, according to internal trip reports he filed.*
- *Dr. Chan spent more than \$370,000 in travel that year, as documented in a confidential 25-page analysis of WHO expenses that identified the agency's top 50 spenders. Aylward and Chan were first and second on that list. WHO declined requests for an interview with Chan; Aylward did not immediately respond to a request for comment.*



Margaret Chan & Bruce Aylward

*“Three sources who asked not to be identified for fear of losing their jobs told the AP that Chan often flew in first class... There’s a huge inequality between the people at the top who are getting helicopters and business class, and everyone else who just has to make do,” said Sophie Harman, an expert in global health politics at Queen Mary University in London.”*

*“When you spend the kind of money WHO is spending on travel, you have to be able to justify it,” Dr. Ashish Jha, director of the Global Health Institute at Harvard University, said. “I can’t think of any justification for ever flying first class.”*

It is difficult to fathom why – **other than financial self-interest** — the WHO leadership decided to declare a “Swine Flu” pandemic when none existed. Yet, the same leadership delayed declaring Ebola a pandemic, or to properly address the human needs as the catastrophe spread. The failure by WHO officials to raise the alarm and take action resulted in a mounting body count of West African people; the human casualties reached 11,000. The WHO leadership is focused on Big Pharma’s drug and vaccine marketing agenda which the WHO endorses and vigorously promotes. The Ebola pandemic, at that time provided no opportunity for Pharma, inasmuch as the industry had nothing to sell; so the WHO failed to take action. but did manage to travel luxuriously. One cannot but reach the conclusion that Black people’s lives don’t matter to officials of the WHO.



This is Part 1 of a series about the WHO.

See: **Part 2: PhRMA & WHO Global Strategic Immunization Agenda 2030**

**Part 2: Scientists at WHO Summit Confirm the Truth About Vaccine Safety Problems**

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